

## DRUG STORE TRAINING CHECKLIST

STORE NAME \_\_\_\_\_ VENDOR NUMBER \_\_\_\_\_

STAFF PRESENT \_\_\_\_\_

### Check Items Explained to Vendor:

1.  Terms of Drug Store Vendor Agreement.
2.  Maintaining qualifications to be an authorized vendor including, but not limited to: obtaining special formula within 48 hours of verbal request, purchasing formula only from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky, submission of all required forms within the time frames, understanding the consequences of not maintaining the qualifications, pricing of WIC food items, and in some instances cases of formula must be broken.
3.  Attachment A.
4.  Procedures for redeeming food instruments including, but not limited to: entering "Pay Exactly" on face of food instrument prior to obtaining a signature, charging only for authorized and approved foods received by the participant, parent, caretaker or proxy. Not allowing more formula than is authorized and not issuing IOU's, cash or due bills.
5.  Use of the Vendor Stamp.
6.  Procedures for receiving payment, including time frames and required documentation. (All food instruments must clear the contracted bank within 90 days.)
7.  Procedures for revalidation of food instruments.
8.  Requirement to attend training.
9.  Requirement to allow monitoring of store.
10.  Responsibility for training employees including responsibility for their actions.
11.  Violations of Program and applicable sanctions, including the Federally mandated sanctions and disqualification periods.
12.  Right to request fair hearing for termination or denial of application, **except** that expiration of the agreement or disqualification based on a Food Stamp Program disqualification or the State Agency's determination regarding participant access are not subject to review.  
Disqualification from the WIC Program may result in disqualification from the Food Stamp Program and may not be subject to administrative or judicial review under the Food Stamp Program.
13.  Agreement is null and void upon change of ownership.

### VENDOR OR AUTHORIZED REPRESENTATIVE:

I HEREBY CERTIFY THAT THE ITEMS WHICH ARE CHECKED ABOVE WERE EXPLAINED TO ME AND THE ABOVE LISTED STAFF. I DO UNDERSTAND EACH AND EVERY ITEM.

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VENDOR STAFF SIGNATURE

TITLE

DATE

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TRAINING STAFF SIGNATURE

TITLE

DATE



